(070) Urb	an Rate Comparabil	y Certification Compliance FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8	
<010>	Study Area Code	448017	
<015>	Study Area Name	Texas 10, LLC	

# <020> Program Year 2016 <030> Contact Name - Person USAC should contact regarding this data Chad Strausbaugh <035> Contact Telephone Number - Number of person identified in data line <030> 6105356474 ext. <039> Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

c	ertification of Officer or	Employee as to Compliance with 47	CFR §54.1009(a)(4)	
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texa	s 10, LLC			
Signature of Authorized Officer:				Date
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	448017	Filing Due Date for this form:	07/01/2016	
Persons willfully making false statemen		by fine or forfeiture under the Communications e 18 of the United States Code, 18 U.S.C. § 1001		i03(b), or fine or imprisonment

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting				
carrier. I also certify that I am an officer or employee of the reportir	trrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the				
authorized agent; and, to the best of my knowledge, the reports and	authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer or Employee:	Date:				
Printed name of Authorized Officer or Employee:					
Title or position of Authorized Officer or Employee:					
Telephone number of Authorized Officer or Employee:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
	ed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment Title 18 of the United States Code, 18 U.S.C. § 1001.				

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
as agent for the reporting carrier, certify that I am authorize ata provided by the reporting carrier; and, to the best of my	to submit the certification on behalf of the reporting carrier; I have provided the data repondence in the certification reported herein is accurate.	orted herein based or
ame of Reporting Carrier:		
ame of Authorized Agent Firm:		
gnature of Authorized Agent or Employee of Agent:	Date:	
ame of Authorized Agent Employee:		
itle or position of Authorized Agent or Employee of Agent		
elephone number of Authorized Agent or Employee of Agent:		
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:	

				1965 Seeds on succession 1984	
(080) Triba	l Lands Reporting			- 1 N - 1922 (9-7 E)	orm 690
					ved by OMB Control No. 3060-1185
				Page 5	
<010> <015>	Study Area Code Study Area Name		448017		
<015>	Program Year		Texas 10, LLC 2016		
<030>	Contact Name - Person USAC should contact regarding	this data	Chad Strausbaugh		
<035>	Contact Telephone Number - Number of person identifi				
<039>	Contact Email Address - Email Address of person identif	ried in data line	<030> cstrausbaugh@cellone	enation.com	
<142>	State				
<143>	County				
<b>\143</b> /	County				-
<144>	Tribal Land(s) on which ETC Serves				
	,				
		<del></del>			
<145>	Tribal Government Engagement Obligation				
		Name of Attached	d Document (.pdf)		
	Management of the last of the		1.36		
	If your company serves Tribal lands, please select (Yes, I each of these boxes to confirm the status described on		ole) for		
	PDF, on line 145, demonstrates coordination with the T				
	government pursuant to § 54.1004 includes:				
			Select		
<146>	Needs assessment and deployment planning with a foc	us on Tribal	(Yes, No, Not Applicable)		
	community anchor institutions;	as on mual			
<147>	Feasibility and sustainability planning;				
<148>	Marketing services in a culturally sensitive manner;				
<149>	Compliance with Rights of way processes				
<150>	Compliance with Land Use permitting requirements				•
<151>	Compliance with Facilities Siting rules				
<152>	Compliance with Environmental Review processes				
<153>	Compliance with Cultural Preservation review processes	5			
<154>	Compliance with Tribal Business and Licensing requirem	ents.			

(090) Project	t Update Information		FCC Form		
				d by OMB	
			Burgista Harris	ntrol No. 3060-1185	
		S. La Julius	Page 6 o	10	
<010>	Study Area Code				
<015>	Study Area Name	448017 Texas 1	O. IJ.C		
<020>	Program Year	2016	, 220		
<030>	Contact Name - Person USAC should contact regarding this data	Chad St	rausbaugh		
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356	474 ext.		<del></del>
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstraus	baugh@cellone	nation.com	
<200>	Date Authorized to Receive Support	08,	16/2013		
<201>	Targeted Completion Date	08/	17/2015		
<202>	Total Mobility Fund Support Awarded	100	000.10		
<203>	Total Mobility Fund Support Disbursed	100	0000.10		
.240	Astro-LC constation Parts	_			<del></del> 1
<210>	Actual Completion Date	07	/15/2015		
<211>	Project Status Description (attached)	44	8017_PSD_TX.p	df	$\neg$
		[	ame of PDF att	tached}	
	Please check these boxes below to confirm that the attached PDF, on line	·	•		
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information				
	shall be submitted as appropriate.				
<212>	Status of Network Deployment - Network Design				
<213>	Status of Network Deployment - Construction		,		
<214>	Status of Network Deployment - Deployment		,		
<215>	Status of Network Deployment - Maintenance				
<216>	Project Budget Status		,		
<217>	Project Plan Status				
<218>	Network will Support 3G/4G Mobile Service?	3G	<b>(</b> ) 4G		

(101) Cert	rication - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448017
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the lest of my knowledge, the information reported on this form and in any attachments is accurate.				
lame of Reporting Carrier: Texas 10, LLC				
Signature of Authorized Officer:	Date			
Printed name of Authorized Officer: Chad Strausbaugh				
Title or position of Authorized Officer: Staff Counsel				
Telephone number of Authorized Officer: 6105356474 ext.				
Study Area Code of Reporting Carrier: 448017	Filing Due Date for this form: 07/01/2016			

06/15/2016 152

(102) Cer	tification - Agent /	Carrier FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
<010>	Study Area Code	448017
<015>	Study Area Name	Texas 10, LLC

2016

Chad Strausbaugh

cstrausbaugh@cellonenation.com

6105356474 ext.

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030>

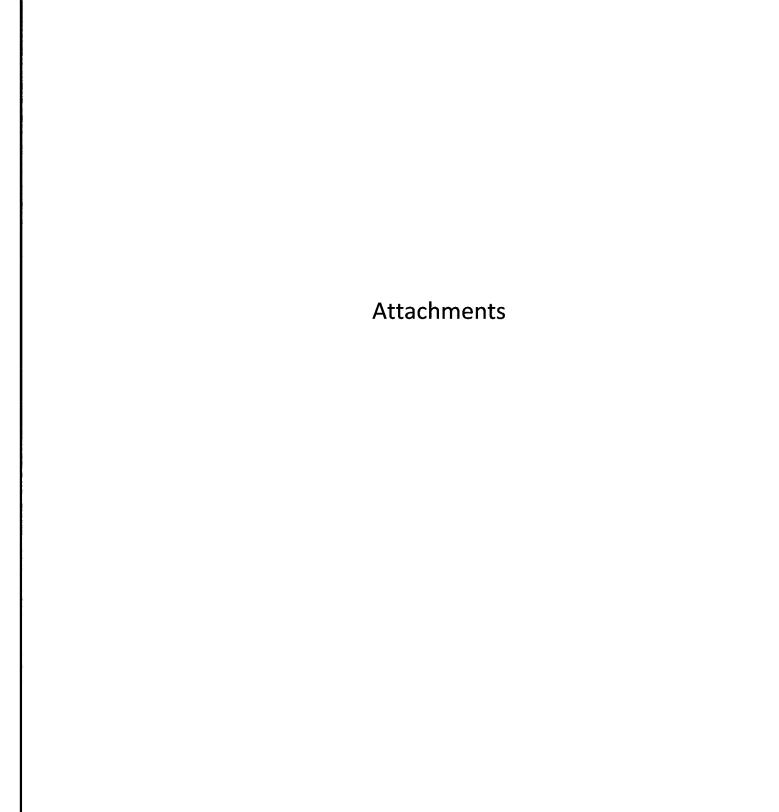
I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my res agent; and, to the best of my knowledge, the reports and data	is authorized to submit the information reported on behalf of the reporting carrier, asibilities include ensuring the accuracy of the data reporting requirements provided to the authorized by by ided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be p	Filing Due Date for this form: shed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment ar Title 18 of the United States Code, 18 U.S.C. § 1001

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

<020> Program Year

<030>

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier				
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent: Date:				
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Agent				
Telephone number of Authorized Agent or Employee of Agent:				
Study Area Code of Reporting Carrier: Filing Due Date for this form:				
Persons willfully making false statements on this form can be pu	shed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



(060) Co	verage and Performance Report	FCC Form 590 Approved by OMB OMB Control No. 3060-1185
<010>	Study Area Code	448017
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016
<141>	<a1> <a2> <a1> <b1> <b1> <b1> <b1> <b1> <b1> <b1> <b< td=""><td>&gt; = (8 cc)</td></b<></b1></b1></b1></b1></b1></b1></b1></a1></a2></a1>	> = (8 cc)

Certify that **Total Road** Coverage and Resident **Road Miles Total Resident** Miles Performacne per Census Resident Population Population **Road Miles** covered per data is uploaded Newly Reached by Service Block Newly Population per Reached by per Census Census Block (yes/no) Census Block Block Reached State County Census Block Service Limestone 0000 Yes 0.0 0 0 0 TX 0.0 0.0

	0	Percentage of Total	0
Percentage of		Road Miles covered	
Total Population		by Service	
Reached by			
Service			

## FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

## **Project Status Description**

item: SAC 448017

County/State: Limestone, TX
Total Award Amount: \$100,000.10

## **Project Description**

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	Fund - §54.1009 Annual Reporting lection Form		Avg. Burden	FCC Form Approved by OME OMB 3060-1185 Estimate per Respondent: 18 Hours
<010>	Study Area Code	448018		
<015>	Study Area Name	Texas 10, LLC		
<020>	Program Year	2016		
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
Exp. Miles		Land Control of the C	en e	s Britania de la Carta de Cart
<040>	Has the information required pursuant to §54.1009 l		<040>	•
	<041> Attach a description of the documents file		<041>	
	<042> Cite the Study Area Code (SAC) for the For	m 481 reporting	<042>	1
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	r tribal lands? Yes or No)	0	<b>©</b>

## Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	448018
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regardin	
<035>	Contact Telephone Number - Number of person ident	Affird to due lie - 4000
<039>	Contact Email Address - Email Address of person iden	tified in data line <030> cstrausbauqh@cellonenation.com
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder	
<110>	FCC Registration Number	17235110
<111>	Filing Carrier Name	Texas 10, LLC
<112>	Winning Bidder Carrier Name	Texas 10, LLC
<113>	Street Address (or PO Box)	1170 Devon Park Drive, Suite 104
<114>	City	Wayne
<115>	State	PA
<116>	Zip-Code	19087
<117>	Telephone Number	6105356474 ext.
<118>	Fax Number	
<119>	Email Address	6106885209
		cstrausbaugh@cellonenation.com
<120> <121> <122>	if same as above, indicate in this box  Name (First, MI, Last, Suffix)  Filing Carrier Name  Street Address (or PO Box)	Chad Strausbaugh Texas 10, LLC  1170 Devon Park Drive Suite 104
<123>	City	Wayne
<124>	State	PA
<125>	Zip-Code	
<126>	Telephone Number	19087
<127>	Fax Number	6105356474 ext.
<128>	Email Address	6106885209
120/	Lines Address	cstrausbaugh@cellonenation.com
<u>Authorize</u>	d Agent Information  If no agent, indicate in this box  ✓	]
<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	
/130/	Linan Audiess	

(060) Co	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448018	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2015 - 07/2016		
	448018_CPRd	_TX.zip	

Coverage and Performace attachments

<a1> <141> Total Road Certify that Road Miles per Miles Coverage and Road Resident Total Resident | Miles Census covered Performance data Resident Population Population Block is uploaded per per Newly Population per Newly Reached Reached by Census (Yes/no) Census State County Census Block Census Block by Service Service Block Reached Block -- \$ee attached worksheet Percentage of Total Percentage of Total Population Reached by Road Miles covered Service by Service

(070) Urt	an Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	448018
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

c	ertification of Officer or	imployee as to Compliance with 47 CFR §54.1009(a)(4)
I certify that I am an officer or employee of form and in any attachments is accurate.	the reporting carrier; my res	consibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier: Texa	s 10, LLC	
Signature of Authorized Officer:		Date
Printed name of Authorized Officer:	Chad Strausbaugh	
Title or position of Authorized Officer:	Staff Counsel	
Telephone number of Authorized Officer:	6105356474 ext.	
Study Area Code of Reporting Carrier:	448018	Filing Due Date for this form: 07/01/2016
Persons willfully making false statemen		y fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 18 of the United States Code, 18 U.S.C. § 1001.

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to autho	rize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
	eporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the repo	rts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	punished by fine or forfeiture under the Communications Act of 1934, 47 U S C §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U S.C. § 1001.

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

	zed to submit the certification on behalf of the reporting carrier; I h	ave provided the data reported herein based on
data provided by the reporting carrier; and, to the best of m	y knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Agen	ıt:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

(0 <b>80</b> ) Triba	al Lands Reporting	2 (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448018	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding t		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifi			
<039>	Contact Email Address - Email Address of person identif	ied in data line <	<pre>&lt;030&gt; cstrausbauqh@cellonenation.com</pre>	
<142>	State			
		-		
<143>	County -		A SAME A SAME	
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation			
		Name of Attached	d Document (.pdf)	
	Management of the Control of the Con		6	
	If your company serves Tribal lands, please select (Yes, Neach of these boxes to confirm the status described on t		ole) for	
	PDF, on line 145, demonstrates coordination with the Ti			
	government pursuant to § 54.1004 includes:			
			Select	
.4.46.			(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a foci	us on Tribal		
	community anchor institutions;			
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			

<153> Compliance with Cultural Preservation review processes
<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information		FCC Form 690
			Approved by OMB
			OMB Control No. 3060-1185
l (iz.			Page 6 of 8
<010>	Study Area Code	448018	
<015>	Study Area Name	Texas 10,	LLC
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strau	sbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474	ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbau	gh@cellonenation.com
		<del></del>	
<200>	Date Authorized to Receive Support	08/16/	2013
<201>	Targeted Completion Date	08/17/	2015
<202>	Total Mobility Fund Support Awarded	100000	.80
<203>	Total Mobility Fund Support Disbursed	99130.	79
<210>	Actual Completion Date	07/28	/2015
<211>	Project Status Description (attached)	448018	B PSD TX.pdf
<b>\Z11&gt;</b>	Project status description (attached)		
		{Name	e of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line		
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information		
	shall be submitted as appropriate.		-
<212>	Status of Network Deployment - Network Design	<b>✓</b>	
<213>	Status of Network Deployment - Construction		
<214>	Status of Network Deployment - Deployment	<b>✓</b>	
<215>	Status of Network Deployment - Maintenance		
<216>	Project Budget Status		_
<217>	Project Plan Status	✓	╛
<218>	Network will Support 3G/4G Mobile Service ?	3G	<b>O</b> 4G

		Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448018
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

		f the Data Reported for Mobility Fund Recipients
I certify that I am an officer of the reporting ca best of my knowledge, the information report		include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the y attachments is accurate.
Name of Reporting Carrier:  Texas 10, 1	TC	
Signature of Authorized Officer:		Date
Printed name of Authorized Officer: Chad	Strausbaugh	
Title or position of Authorized Officer:	aff Counsel	
Telephone number of Authorized Officer:	6105356474 ext.	
Study Area Code of Reporting Carrier:	448018	Filing Due Date for this form: 07/01/2016
Persons willfully making false statements of		by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment tle 18 of the United States Code, 18 U.S.C. § 1001.

06/15/2016 164

(102) Certification - Agent / Carrier  Approved by OMB  OMB Control No. 3060-1185  Page 8 of 8
------------------------------------------------------------------------------------------------

<010>	Study Area Code	448018
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; r agent; and, to the best of my knowledge, the reports an	is authorized to submit the information reported on behalf of the reported y responsibilities include ensuring the accuracy of the data reporting requirements provided to the authoridata provided to the authorized agent is accurate.	
Name of Authorized Agent:		<del></del> .
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form o	n be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonme under Title 18 of the United States Code, 18 U S.C. § 1001.	nt

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized	d to File for Mobility Fund Recipients on Bel	half of Reporting Carrier		
, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data eported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:		Date:		
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Agent				
Telephone number of Authorized Agent or Employee of Agent:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this form can b	e punished by fine or forfeiture under the Communicatio 18 of the United States Code, 18 U.S C. § 10	ns Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 101.		

**Attachments** 

	verage and Performance Report	Approved by OMB OMB Control No. 3060-1185
<010>	Study Area Code	448018
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016

<141>

 
 cb1>
 cb2>
 cb3>
 cc1>
 cc3>
 cd>
 Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne per Census Population Resident Population **Road Miles** covered per data is uploaded Newly Reached by Service Block Newly Population per Reached by per Census Census Block (yes/no) County Limestone Census Block Census Block Service Block Reached State 0000 Yes 0.0 0 0 TX 0 0.0 0.0

	0	Percentage of Total	0
Percentage of		Road Miles covered	
Total Population		by Service	
Reached by			
Service			

## FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

## **Project Status Description**

Item: SAC 448018

County/State: Limestone, TX
Total Award Amount: \$100,000.80

## **Project Description**

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	Fund \$54:1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448019	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N)	<040>
	<041> Attach a description of the documents file	d with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the For	rm 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	r tribal lands? Yes or No)	$\circ$

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	448019
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding	
<035>	Contact Telephone Number - Number of person identif	
<039>	Contact Email Address - Email Address of person identi	ried in data line <usu> cstrausbauch@cellonenation.com</usu>
<110>	Carrier / Mobility Fund Phase 1 Winning Bidder FCC Registration Number	17035110
<111>	-	17235110
	Filing Carrier Name	Texas 10, LLC
<112>	Winning Bidder Carrier Name	Texas 10, LLC
<113>	Street Address (or PO Box)	1170 Devon Park Drive, Suite 104
<114>	City	Wayne
<115>	State	PA
<116>	Zip-Code	19087
<117>	Telephone Number	6105356474 ext.
<118>	Fax Number	6106885209
<119>	Email Address	cstrausbaugh@cellonenation.com
Contact In	formation if same as above, indicate in this box  Name (First, MI, Last, Suffix)	
<121>		Chad Strausbaugh
	Filing Carrier Name	Texas 10, LLC
<122>	Street Address (or PO Box)	1170 Devon Park Drive. Suite 104
<123>	City	Wayne
<124>	State	PA
<125>	Zip-Code	19087
<126>	Telephone Number	6105356474 ext.
<127>	Fax Number	6106885209
<128>	Email Address	cstrausbaugh@cellonenation.com
Authorized	Agent Information  If no agent, indicate in this box  ✓	
<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	•	
	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

000000 0000 00000 to	verage and Performance Report	Ap proved by OMB  OMB Control No. 3060-1185  Page 3 of 8
<010>	Study Area Code	448019
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2015 - 07/2016	
	448019_CPRd	_TX.zip

Coverage and Performace attachments

<a3> <b1> <b2> <b3> <c1> <a1> <a2> <141> Total Certify that Road Road Road Miles per Miles Coverage and Census Resident Total Resident Miles Performance data covered Resident Population Population Block is uploaded per per Reached by Census (Yes/no) Population per Newly Reached Newly Census Block Census Block Census Block Reached Block State County by Service Service -- \$ee attached worksheet

	ō		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Url	oan Rate Comparability Certification Compliance	FCC Form 690 . Approved by OMB . OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	448019
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	ertification of Officer or	Employee as to Compliance with 47 CFR §54.1009(a)(4)			
I certify that I am an officer or employee of form and in any attachments is accurate.	certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this orm and in any attachments is accurate.				
Name of Reporting Carrier: Texa	s 10, LLC				
Signature of Authorized Officer:		Date			
Printed name of Authorized Officer:	Chad Strausbaugh		_		
Title or position of Authorized Officer:	Staff Counsel				
Telephone number of Authorized Officer:	6105356474 ext.				
Study Area Code of Reporting Carrier:	448019	Filing Due Date for this form: 07/01/2016			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to autho	rize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
	eporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the repo	rts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authori	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authordata provided by the reporting carrier; and, to the best of the second carrier.	to submit the certification on behalf of the reporting carrier; I have provided the data reported he nowledge, the information reported herein is accurate.	rein based on
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:	Date:	
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Age		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
1010 10100 10100 10100 1010 1010 1010	Filing Due Date for this form:  punished by fine or forfeiture under the Communications Act of 1934, 47 U S C. §§ 502, 503(b), or fine or impris  Title 18 of the United States Code, 18 U S.C. § 1001	onment unde

(0 <b>80)</b> Triba	al Lands Reporting			FCC Form 690
				Approved by OMB OMB Control No. 3060-1185
項母性				Page 5 of 8
<010>	Study Area Code		448019	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identi Contact Email Address - Email Address of person identi		220	
<039>	Contact Email Address - Email Address of person ident	illed in data line <	U3U> cstrausbaugh@cellonenation.co	m
<142>	State			
11727	State			<del> </del>
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
		T-C-		<u></u>
<145>	Tribal Government Engagement Obligation			
		Name of Attached	Document (.pdf)	
	if your company serves Tribal lands, please select (Yes,	No Not Applicable	e) for	
	each of these boxes to confirm the status described on		c) 101	
	PDF, on line 145, demonstrates coordination with the			
	government pursuant to § 54.1004 includes:			
	O			
			Select	
<146>	Needs assessment and deployment planning with a fo	ocus on Tribal	(Yes, No, Not Applicable)	

community anchor institutions; <147> Feasibility and sustainability planning; <148> Marketing services in a culturally sensitive manner; <149> Compliance with Rights of way processes <150> Compliance with Land Use permitting requirements <151> Compliance with Facilities Siting rules <152> Compliance with Environmental Review processes <153> Compliance with Cultural Preservation review processes <154> Compliance with Tribal Business and Licensing requirements.

	STAGE SEASON SEA	200	K.1624	5	
(090) Project	Update Information in the state of the state			FCC Form 690	
				Approved by OMB	
5 P.W		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		OMB Control No. 3060-1185	
	The state of the s			Page 6 of 8	
<010>	Study Area Code		448019		·
<015>	Study Area Name		Texas 10	, LLC	
<020>	Program Year		2016		
<030>	Contact Name - Person USAC should contact regarding this data		Chad Stra	ausbaugh	
<035>	Contact Telephone Number - Number of person identified in data		61053564	74 ext.	
<039>	Contact Email Address - Email Address of person identified in data	line <030>	cstrausba	augh@cellonenation.com	
			_		<del></del>
<200>	Date Authorized to Receive Support		08/1	6/2013	
<201>	Targeted Completion Date		08/1	7/2015	
<202>	Total Mobility Fund Support Awarded		1065	20.00	
<203>	Total Mobility Fund Support Disbursed		1017	15.95	
			<del></del>		
<210>	Actual Completion Date		07/0	08/2015	
<211>	Project Status Description (attached)		4480	19_PSD_TX.pdf	
\2117	Troject status bescription (attached)				
			{Nar	ne of PDF attached}	
	Please check these boxes below to confirm that the attached PDF,				
	211, contains a project status pursuant to §54.1005(b)(2)(v). The i	information			
	shall be submitted as appropriate.			_	
<212>	Status of Network Deployment - Network Design		✓		
<213>	Status of Network Deployment - Construction		1		
<214>	Status of Network Deployment - Deployment		<b>✓</b>		
<215>	Status of Network Deployment - Maintenance		✓		
<216>	Project Budget Status		✓		
<217>	Project Plan Status		✓		
		_			
<218>	Network will Support 3G/4G Mobile Service ?	•	<b>)</b> 3G	<b>O</b> 4G	

	mication - Reporting Carrier	Approved by OMB  OMB Control No.: 3060-1185  Page 7 of 8
<010>	Study Area Code	448019
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the					
best of my knowledge, the information reported on this form and in ar	ny attachments is accurate.				
Name of Reporting Carrier: Texas 10, LLC					
Signature of Authorized Officer:	Date				
Printed name of Authorized Officer: Chad Strausbaugh					
Fitle or position of Authorized Officer: Staff Counsel					
Telephone number of Authorized Officer: 6105356474 ext.					
Study Area Code of Reporting Carrier: 448019	Filing Due Date for this form: 07/01/2016				

06/15/2016 176

[102] Certification - Agent / Carrier  FCC Form 690  Approved by OMB  OMB Control No. 3060-1185  Page 8 of 8
--------------------------------------------------------------------------------------------------------------

<010>	Study Area Code	448019
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my resi agent; and, to the best of my knowledge, the reports and data	is authorized to submit the information reported on behalf of the reporting carrier nsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized ovided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Behalf of R	eporting Carrier
	orized to submit the reports for Mobility Fund recipients on beha carrier; and, to the best of my knowledge, the information repor	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agen	t	
Talankana assarban af Assabanian d Assaban Garalassa af A	gent:	
Telephone number of Authorized Agent or Employee of A		

## **Attachments**

(060) Co	verage and Performance Report	FCC Form 690 Approved by OMB OMB Control No. 3060-118S
<010>	Study Area Code	448019
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016
<141>		>

<ä1>	<a2></a2>	<a3></a3>	<61>	<b2></b2>	<ba><ba><ba>       <br <="" th=""/><th><c1> :- : : : : : : : : : : : : : : : : : :</c1></th><th><c2></c2></th><th><b>63</b></th><th><d>&gt;</d></th></ba></ba></ba>	<c1> :- : : : : : : : : : : : : : : : : : :</c1>	<c2></c2>	<b>63</b>	<d>&gt;</d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
	Nacogdoche	0000							V
TX	s		0	0	0	0.0	0.0	0.0	Yes
						<u>-</u>			
			:						

	0	Percentage of Total	0	
Percentage of		Road Miles covered		
Total Population		by Service		
Reached by			ŀ	
Service				

## FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

## **Project Status Description**

Item: SAC 448019

County/State: Nacogdoches, TX Total Award Amount: \$106,520.00

## **Project Description**

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Mobility Phase 1	Fund \$54.1009 Annual Reporting			FCC Form Approved by OMB OMB 3060-1185
Data Col	ection Form		Avg. Burde	en Estimate per Respondent: 18 Hours
<010>	Study Area Code	448020		
<015>	Study Area Name	Texas 10, LLC		
<020>	Program Year	2016		
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
	TO INVESTMENT OF THE PARTY OF T			
<040>	Has the information required pursuant to §54.1009 b			•
	<041> Attach a description of the documents filed	d with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Form	n 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	tribal lands? Yes or No)	0	•

## Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	er Contact Form	PCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	448020
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding	
<035>	Contact Telephone Number - Number of person identif	
<039> Reporting	Contact Email Address - Email Address of person identii  Carrier / Mobility Fund Phase 1 Winning Bidder	red in data line <030> cstrausbaugh@cellonenation.com
<110>	FCC Registration Number	17235110
<111>	Filing Carrier Name	Texas 10, LLC
<112>	Winning Bidder Carrier Name	Texas 10, LLC
<113>	Street Address (or PO Box)	1170 Devon Park Drive, Suite 104
<114>	City	Wayne
<115>	State	PA
<116>	Zip-Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<117>	Telephone Number	19087
<118>	Fax Number	6105356474 ext.
<119>	Email Address	6106885209
11137	Ellian Address	cstrausbaugh@cellonenation.com
<u>Contact In</u>	formation  if same as above, indicate in this box  Name (First, MI, Last, Suffix)	
<121>	Filing Carrier Name	Chad Strausbaugh Texas 10, LLC
<122>	Street Address (or PO Box)	Texas 10, DBC
<123>		1170 Devon Park Drive. Suite 104
	City	Wayne
<124>	State	PA
<125>	Zip-Code	19087
<126>	Telephone Number	6105356474 ext.
<127>	Fax Number	6106885209
<128>	Email Address	cstrausbaugh@cellonenation.com
Authorized	d Agent Information if no agent, indicate in this box	
<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	
~1J0~	Email Addition	

(060) Cov	rerage and Performance Report	FCC Form 690:  Ap proved by OMB  OMB Control No. 3060-1185  Page 3 of 8
<010>	Study Area Code	448020
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2015 - 07/2016	
	448020_CPRd	TX.zip

Coverage and Performace attachments

<b1> <62> <63> <c1> <c2> <141> Total Road Road Certify that Road Miles per Miles Coverage and Resident Total Resident Miles Census Performance data covered Resident Population Population Block per is uploaded per Population per Newly Reached Reached by Census Newly Census (Yes/no) Census Block Census Block County Block State by Service Service Reached Block -- \$ee attached worksheet

•	0		0
Percentage of Total		Percentage of Total	
Population Reached by	]	Road Miles covered	
Service	<u> </u>	by Service	

(070) Urb	an Rate Comparability Certification Compliance		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	448020	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

c	ertification of Officer or	Employee as to Compliance with 47 CFR §54.1009(a)(4)			
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this orm and in any attachments is accurate.					
Name of Reporting Carrier: Texa	s 10, LLC				
Signature of Authorized Officer:		Date			
Printed name of Authorized Officer:	Chad Strausbaugh				
Title or position of Authorized Officer:	Staff Counsel				
Telephone number of Authorized Officer:	6105356474 ext.				
Study Area Code of Reporting Carrier:	448020	Filing Due Date for this form: 07/01/2016			
Persons willfully making false statemen		by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment le 18 of the United States Code, 18 U.S.C. § 1001			

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file	Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
	esponsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports and data provided	to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	iling Due Date for this form:
	iture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment ted States Code, 18 U.S.C. § 1001

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

as agent for the reporting carrier, certify that I am authorize	ed to submit the certification on behalf of the reporting carrier; I ha	ve provided the data reported herein based or
data provided by the reporting carrier; and, to the best of my		ve provided the data reported herein based of
Name of Reporting Carrier:		
lame of Authorized Agent Firm:		
ignature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
itle or position of Authorized Agent or Employee of Agent		
elephone number of Authorized Agent or Employee of Agent		
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:	***************************************

(080) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010×	Study Area Code		44000	
<010> <015>	Study Area Code Study Area Name		448020	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<020>	Program Year		Texas 10, LLC 2016	
<030>	Contact Name - Person USAC should contact regarding the	his data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie			
<039>	Contact Email Address - Email Address of person identifi			tion.com
<142>	State			
<143>	County			
12 10	-			
.4.4.4.	Tribula and American			
<144>	Tribal Land(s) on which ETC Serves			
			***	
<145>	Tribal Government Engagement Obligation			
		Name of Attached Do	ocument (.pdf)	
	If your company serves Tribal lands, please select (Yes, N		for	
	each of these boxes to confirm the status described on the	he attached		
	PDF, on line 145, demonstrates coordination with the Tr	ribal		
	government pursuant to § 54.1004 includes:			
		Γ	Select	
		I.	(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a focu		(100, 110, 110t Applicable)	
	community anchor institutions;			
<147>		Ţ		
	Feasibility and sustainability planning;	-		
<148>	Marketing services in a culturally sensitive manner;	Ļ		
<149>	Compliance with Rights of way processes			

<150> Compliance with Land Use permitting requirements

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

<151> Compliance with Facilities Siting rules

<152>

<153>

<154>

(090) Project	Update Information :		FCC Form 690
			Approved by OMB
			OMB Control No. 3060-1185  Page 6 of 8
	生。		regervio
<010>	Study Area Code	448020	
<015>	Study Area Name	Texas 10, I	LLC
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Straus	sbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474	ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaug	gh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2	2013
<201>	Targeted Completion Date	08/17/2	2015
<202>	Total Mobility Fund Support Awarded	99995.3	36
<203>	Total Mobility Fund Support Disbursed	95815.	55
			<del></del>
<210>	Actual Completion Date	06/23/	/2015
<211>	Project Status Description (attached)	448020	_PSD_TX.pdf
	,,		
		Mame	of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	įivame	o, , D. attachea,
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information		
	shall be submitted as appropriate.		
<212>	Status of Network Deployment - Network Design	<b>—</b>	7
<213>	Status of Network Deployment - Construction	<u> </u>	4
<214>	Status of Network Deployment - Deployment	<u> </u>	-
<215>	Status of Network Deployment - Maintenance	<b>├</b>	-
<216>	Project Budget Status	<del>                                     </del>	1
<217>	Project Plan Status		┥
		<u> </u>	_
<218>	Network will Support 3G/4G Mobile Service ?	) 3G (	O 4G

Est la fact		Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448020
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texas 10, LLC				
Signature of Authorized Officer:	Date			
Printed name of Authorized Officer: Chad Strausbaugh				
Title or position of Authorized Officer: Staff Counsel				
Telephone number of Authorized Officer: 6105356474 ext.				
Study Area Code of Reporting Carrier: 448020	Filing Due Date for this form: 07/01/2016			

06/15/2016 188

(102) Certification - Agent / Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	448020
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier. I spibilities include ensuring the accuracy of the data reporting requirements provided to the authorized
agent, and, to the best of my knowledge, the reports and data p	vided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

# Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. Name of Reporting Carrier: Name of Authorized Agent Firm: Signature of Authorized Agent or Employee of Agent: Date: Name of Authorized Agent Employee: Title or position of Authorized Agent or Employee of Agent Telephone number of Authorized Agent or Employee of Agent: Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



(060) Co	verage a	d Performan	ce Report						FCC I Appr OMB	orm 690 oved by OMB Control No. 3060-1185
·010	C4d 6	6				448020				
<010> <015>		rea Code rea Name								
<020>	Program					2016	10, LLC			
<030>			on USAC should co	ntact regarding	this data		trausbaugh			
<035>			lumber - Number				6474 ext.			
<039>			ss - Email Address				sbaugh@cellonenat	ion.com		
<140>	Covera	ge and Perfor	mance Report Yea	r		08/201	5 - 07/2016			
	nandala IIII			November 11 (100 (100 (100 (100 (100 (100 (100		196		92 04000001142-04144		
<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	/ <b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<63>	## 1 <b>(48)</b>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
	TX	Nacogdoche s	0000	0	0	0	0.0	0.0	0.0	Yes
		<u> </u>					3.0			
	1									
							,			
								2	, , , , , ,	
			**************************************							
			1102							
			<u> </u>							
			Percentage of		0		Percentage of Tota oad Miles covere		0	
			Total Population				by Service			

Reached by Service

# FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

# **Project Status Description**

item: SAC 448020

County/State: Nacogdoches, TX Total Award Amount: \$99,995.36

# **Project Description**

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

J. A.H	Fund \$54.1009 Annual Reporting ection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours		
<010>	Study Area Code	448022			
<015>	Study Area Name	Texas 10, LLC			
<020>	Program Year	2016			
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh			
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.			
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com			
<040>	Has the information required pursuant to §54.1009 been provided with a Form 481 filling (Y/N) <040>				
	<041> Attach a description of the documents file	d with the Form 481 reporting <0	41>		
	<042> Cite the Study Area Code (SAC) for the For	m 481 reporting <0	42>		
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	tribal lands? Yes or No)	$\cap$ $\bullet$		

## Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form	FCC-Form 690
		Approved by OMB.  OMB Control No. 3060-1185
		Page 2 of 8
	A Committee of the Comm	
<010>	Study Area Code	448022
<015>	Study Area Name	Texas 10, LLC
<020> <030>	Program Year  Contact Name - Person USAC should contact regarding	2016 this data Change C
<035>	Contact Telephone Number - Number of person identif	
<039>	Contact Email Address - Email Address of person identi	
	Control (Asset) Proceedings of the Control of the C	
	Carrier / Mobility Fund Phase 1 Winning Bidder	1002110
<110>	FCC Registration Number	17235110
<111>	Filing Carrier Name	Texas 10, LLC
<112>	Winning Bidder Carrier Name	Texas 10, LLC
<113>	Street Address (or PO Box)	1170 Devon Park Drive, Suite 104
<114>	City	Wayne
<115>	State	PA
<116>	Zip-Code	19087
<117>	Telephone Number	6105356474 ext.
<118>	Fax Number	6106885209
<119>	Email Address	cstrausbaugh@cellonenation.com
Contact In	<u>formation</u>	
	if same as above, indicate in this box	
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh
<121>	Filing Carrier Name	Texas 10, LLC
<122>	Street Address (or PO Box)	1170 Devon Park Drive, Suite 104
<123>	City	Wayne
<124>	State	PA
<125>	Zip-Code	19087
<126>	Telephone Number	6105356474 ext.
<127>	Fax Number	
<128>	Email Address	6106885209
1207	Email Address	cstrausbaugh@cellonenation.com
Authorized	d Agent Information	
	if no agent, indicate in this box	
<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	
	•	

(060) Cov	erage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448022	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2015 - 07/2016		
	448022_CPRd	TX.zip	

Coverage and Performace attachments

<b1> <b3> <c1> <c2> <141> Total Road Certify that Road Road Miles per Miles Coverage and Resident Total Resident Miles Census Performance data covered Resident Population Population Block per per is uploaded Population per **Newly Reached** Reached by Census Newly Census (Yes/no) State Census Block County Census Block by Service Block Service Reached -- See attached worksheet Percentage of Total Percentage of Total Population Reached by Road Miles covered

Service

by Service

(070) Url	oan Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	448022
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<02E>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com

C	ertification of Officer or E	mployee as to Compliance with 47	CFR §54.1009(a)(4)
certify that I am an officer or employee of form and in any attachments is accurate.	the reporting carrier; my resp	consibilities include ensuring compliance	with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier: Texa	s 10, LLC		111111111111111111111111111111111111111
Signature of Authorized Officer:			Date
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Felephone number of Authorized Officer:	6105356474 ext.		10000
Study Area Code of Reporting Carrier:	448022	Filing Due Date for this form:	07/01/2016

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) carrier. I also certify that I am an officer or employee of the re authorized agent; and, to the best of my knowledge, the repor	is authorized to submit the information reported on behalf of the reporting porting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the stand data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be	Filing Due Date for this form:  punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier		
, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on lata provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.			
Name of Reporting Carrier:			
Name of Authorized Agent Firm:			
Signature of Authorized Agent or Employee of Agent:	Date:		
Name of Authorized Agent Employee:			
Title or position of Authorized Agent or Employee of Agent			
Telephone number of Authorized Agent or Employee of Agen			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		

1 11 11 11 11 11 11 11 11 11 11 11 11 1					
(080) Triba	al Lands Reporting			FCC Form 690	
				Approved by OMB	
				OMB Control No. 3060-1185 Page 5 of 8	
and the second s			The state of the s		
<010>	Study Area Code		448022	The same of the sa	
<015> <020>	Study Area Name Program Year		Texas 10, LLC		
<030>	Contact Name - Person USAC should contact regarding	this data	2016 Chad Strausbaugh		
<035>	Contact Telephone Number - Number of person identif	ied in data line <	<030> 6105356474 ext.		
<039>	Contact Email Address - Email Address of person identi	fied in data line	<030> cstrausbaugh@cellon	enation.com	
<142>	State				
-1425	Country				
<143>	County	w.s.			
<144>	Tribal Land(s) on which ETC Serves				
	,,				
		***	· · · · · · · · · · · · · · · · · · ·		
<145>	Tribal Government Engagement Obligation				
		Name of Attache	d Document (.pdf)		
	If your company serves Tribal lands, please select (Yes,	No. Not Applicat	hle) for		
	each of these boxes to confirm the status described on		ole) for		
	PDF, on line 145, demonstrates coordination with the T	ribal .			
	government pursuant to § 54.1004 includes:				
			Select (Yes, No, Not Applicable)		
<146>	Needs assessment and deployment planning with a foo	cus on Tribal	(. as) () (tot / (philoabic)		
	community anchor institutions;				
<147>	Feasibility and sustainability planning;				
<148>	Marketing services in a culturally sensitive manner;				
<149>	Compliance with Rights of way processes				
<150>	Compliance with Land Use permitting requirements				
<151>	Compliance with Facilities Siting rules				
<152>	Compliance with Environmental Review processes				
<153>	Compliance with Cultural Preservation review processes	ς.			
<154>	Compliance with Tribal Business and Licensing requirem				
<b>ヽエンサ</b> /	Composite with trival publicas and literialik regulten	にいしい			